

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 S. Market, Room 2078  
Wichita, KS 67202

WELL PLUGGING RECORD  
K.A.R.-82-3-117

API NUMBER 15-065-22,140-60-00  
LEASE NAME MYERS-JUSTICE  
WELL NUMBER 2

TYPE OR PRINT  
NOTICE: Fill out completely and return  
to Cons. Div. office within 30 days.

1862 Ft. from S/W Line of Section (circle one)  
1202 Ft. from E/W Line of Section (circle one)

SPOT LOCATION SE NE SW NW  
SEC. 32 TWP. 9 S. RGE 23 (X) or (U)  
COUNTY GRAHAM

LEASE OPERATOR A & A PRODUCTION  
ADDRESS PO BOX 100  
CITY, STATE, ZIP HILL CITY KS 67642  
PHONE: (785) 421-6266 OPERATORS LICENSE NO. 30076  
Character of Well OIL  
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

Date Well Completed \_\_\_\_\_  
Date Plugging Commenced 2-8-02  
Date Plugging Completed 2-8-02

The plugging proposal was approved on 2-8-02 (date)  
by CARL GOODROW (XCC District Agent's Name)  
Is ACO-1 filed? yes If not, is well log attached? \_\_\_\_\_

Producing Formation(s) \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 3990

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

FORMATION	CONTENT	FROM	TO	SIZE	PUT IN	PULL OUT
				8 5/8	255	0
				4 1/2	3968	0

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each set.

DUG DOWN 4 Feet. Cut 8 5/8 and 4 1/2 off. Filled with 420 cubic feet of cement slurry. Place Cap on top. Back fill and level

(If additional description is necessary, use BACK of this form)

Name of Plugging Contractor A & A PRODUCTION  
License No. 30076  
Address PO BOX 100 HILL CITY KS 67642  
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: A & A PRODUCTION  
STATE OF KANSAS COUNTY OF GRAHAM, ss.  
ANDY ANDERSON

RECEIVED  
KANSAS CORPORATION COMMISSION  
2-25-02  
FEB 25 2002  
CONSERVATION DIVISION

(Employee of Operator or (Operator) of above-described well, being first  
duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) Andy Anderson  
(Address) PO BOX 100 HILL CITY KS 67642

SUBSCRIBED AND SWORN TO before me this 14th day of February, 1902  
Rita A. Anderson  
Notary Public  
My Comm. Exp. 1-21-04  
By Commission Expires January 21, 2004